

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/936040** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	1				51					
2		1			52					
3		1			53					
4		3		1	54					
5		0		1	55					
6		0		1	56					
7		0		1	57					
8		0		1	58					
9		1			59					
10		1			60					
11		1			61					
12		1			62					
13			1		63					
14				1	64					
15				1	65					
16				1	66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL		2			TOTAL IND.					
TOTAL DEP.		14			TOTAL DEP.					
LMS		10			TOTAL CLAIMS					